



# COLORADO RIVER INDIAN TRIBES

## *Colorado River Indian Tribes Reservation*

### *Utility Services*

P.O. Box 827 / 29550 Highway 95, Parker, Arizona 85344

Phone (928) 669-2121

## **PH09-D89/PH21-V98; WA#11-23: CONSTRUCTION OF WELL NO. 5 AND WELL NO. 6 INVITATION FOR BIDS**

### **ADDENDUM #2**

1. **Add the following new paragraph immediately at the end of EJCDC C-111, page 1 of 2 (TERO FEE & WORK PERMIT NOTICE SECTION):**

*Notice is hereby given to any and all Contractors who bid on projects on trust land within the exterior boundaries of the CRIT Reservation that you are responsible to obtain a Business License from the Tribe for a fee of \$125.*

2. **Modify the following paragraph in EJCDC C-410, page 1 of 6 (Bid Form for Construction Contracts) ARTICLE 2-ATTACHMENTS TO THIS BID, 1.03.C:**

**DELETE THE FOLLOWING PARAGRAPH:**

*C. A copy of the contractor's TERO registration if submitting bid as Indian owned firm.*

**REPLACE IT WITH THE FOLLOWING PARAGRAPH:**

*C. Bidders claiming Indian Preference must attach a properly completed "Indian Owned Economic Enterprise Qualification Statement" to this bid. Failure to submit this form will void the Bidder's claim for Indian Preference. The "Indian Enterprise Qualification Statement" form is available in Exhibit B of this bid package.*

3. **Add the following new paragraph after Supplementary Conditions SC-19.13.A:**

*B. Federal Wage Rate Determination for this project is shown in Exhibit C as updated as part of this Addendum #2.*

**4. Add the following language immediately after Technical Specification Section 1.2:**

*The CONTRACTOR shall site the wells based on the following requirements:*

- Well No. 5: Site well at least 70 feet from centerline of Mutahar St. offset to the northeast and must be at least 20 feet from centerline of existing watermain offset to the northeast; whichever distance is greater. Well shall be located within 200'x200' well site area as shown in Figure No. 1.
- Well No. 6: Site well at least 80 feet from centerline of Shea Rd. offset to the south. Well shall be located within 200'x200' well site area as shown in Figure No. 1.

**5. Add the following language immediately after Technical Specification Section 2.1:**

*The CONTRACTOR shall be responsible for the design and construction of any "track-out" access roads or pads necessary to complete the work. Design and construction of such access roads or pads shall be achieved through typically industry standards. At the conclusion of the work, the CONTRACTOR may leave in place all imported 'track-out' rock or other suitable fill material that may be needed to access or mobilize equipment on the well sites.*

**6. Add the following language immediately after Technical Specification Section 2.2:**

*The Tribe has designated an alternative disposal area for drilling mud as identified in Exhibit D as updated as part of this Addendum #2.*

**7. Add the following language immediately after Technical Specification Section 3.1:**

*The rates for construction water from CRIT Utilities is shown in Exhibit E as updated as part of this Addendum #2.*

**8. Add the following new Exhibit B, Exhibit C, Exhibit D and Exhibit E after Exhibit A:**

## EXHIBIT B

### INDIAN OWNED ECONOMIC ENTERPRISE QUALIFICATION STATEMENT

The Undersigned certifies under oath the truth and correctness of all responses set out below as follows:

1. Name of Enterprise: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Check one:

\_\_\_\_\_ Corporation                      \_\_\_\_\_ Joint Venture  
\_\_\_\_\_ Partnership                      \_\_\_\_\_ Other:  
\_\_\_\_\_ Sole Proprietorship

3. Answer the following:

A. If a Corporation:

i. Date of incorporation: \_\_\_\_\_

ii. State of incorporation: \_\_\_\_\_

iii. Name & address of statutory agent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

iv. Give the name and address of the officers and members of the Board of Directors of this Corporation and establish whether they are Indian (I) or Non-Indian (NI). Proof of Tribal Membership in a federally recognized Indian Tribe is required for all responses.

| Name and Social Security No. | I or NI | Title          | Address | % of Stock Ownership |
|------------------------------|---------|----------------|---------|----------------------|
|                              |         | President      |         |                      |
|                              |         | Vice-President |         |                      |
|                              |         | Sec/Clerk      |         |                      |
|                              |         | Treasurer      |         |                      |
|                              |         |                |         |                      |
|                              |         |                |         |                      |

- v. Complete the following information on all stockholders who are not listed above, owning 5% or more of the stock. Establish whether they are Indian (I) or Non-Indian (NI).

| <b>Name and Social Security No.</b> | <b>I or NI</b> | <b>Address</b> | <b>% of Stock Ownership</b> |
|-------------------------------------|----------------|----------------|-----------------------------|
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |

**B. If a Sole Proprietorship or Partnership:**

- i. Date of Organization: \_\_\_\_\_
- ii. Give the following information on the individual or partners and establish whether they are Indian (I) or Non-Indian (NI).

| <b>Name and Social Security No.</b> | <b>I or NI</b> | <b>Address</b> | <b>% of Stock Ownership</b> |
|-------------------------------------|----------------|----------------|-----------------------------|
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |
|                                     |                |                |                             |

**C. If a Joint Venture:**

- i. Date of Joint Venture Agreement: \_\_\_\_\_
- ii. Attach the information for each member of the joint venture prepared in the appropriate format given above.

4. Give the name, address, and telephone number of the principle spokesperson of your organization:

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5. Has this enterprise been certified as an Indian Owned Economic Enterprise by any government or Tribal agency to qualify for special consideration under Indian preference contract clauses, or been awarded contracts by any government or Tribal agency based on Indian preference consideration?

Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, complete:

| Contract Date | Contracting Agency | Contract No. | Location of Work |
|---------------|--------------------|--------------|------------------|
|               |                    |              |                  |
|               |                    |              |                  |
|               |                    |              |                  |
|               |                    |              |                  |

6. Will any officer or partner listed in #3 be engaged in outside employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, complete:

| Name | Outside Employment | Hours/Week |
|------|--------------------|------------|
|      |                    |            |
|      |                    |            |
|      |                    |            |
|      |                    |            |

7. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, complete:

| Name and address of subsidiary affiliate or other concern | Description of Relationship |
|---|-----------------------------|
|   |                             |
|   |                             |

8. Does this enterprise or any person listed in #3 above have or intended to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of this enterprise? These include but are not limited to management, and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production and other type of compensated assistance.

Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

9. Attach certification by a Tribe or other evidence of enrollment in a federally recognized Tribe for each officer, partner or individual designated as an Indian in #3.
10. Attach a certified copy of the charter, articles of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.
11. Explain in narrative form the stock ownership, structure, management, control, financing, and salary or profit sharing arrangements of the enterprise, if not covered in answers to specific questions heretofore. Attach copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase agreements. Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) listed in response to #3.

**NOTE:**

- ✧ Omission of any information may be cause for rejection of claim for Indian Preference.
- ✧ The persons signing below certify that all information in this INDIAN OWNED ECONOMIC ENTERPRISE QUALIFICATION STATEMENT, including exhibits and attachments, is true and correct.
- ✧ Print and type name below all signatures.

If applicant is Sole Proprietor, Sign Below:

|               |               |
|---------------|---------------|
| _____<br>Name | _____<br>Date |
|---------------|---------------|

If applicant is in a Partnership or Joint Venture, all Partners must sign below:

|               |               |
|---------------|---------------|
| _____<br>Name | _____<br>Date |
|---------------|---------------|

|               |               |
|---------------|---------------|
| _____<br>Name | _____<br>Date |
|---------------|---------------|

If applicant is a Corporation, affix corporate seal:

|                         |               |
|-------------------------|---------------|
| _____<br>Corporate Seal | _____<br>Date |
|-------------------------|---------------|

By: \_\_\_\_\_  
President's Signature

Attested by: \_\_\_\_\_  
Corporate Secretary's Signature

**WARNING:**

U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part: "Whoever...makes, passes, utters, or publishes any statement, knowing the same to be false...shall be fined not more than \$5000 or imprisoned not more than two years, or both."

## **EXHIBIT C**

### **FEDERAL WAGE RATE DETERMINATION**

Superseded General Decision Number: AZ20220037

State: Arizona

Construction Type: Heavy

Counties: Apache, Cochise, Gila, Greenlee and La Paz Counties in Arizona.

HEAVY CONSTRUCTION, Includes Water and Sewer Lines, Heavy Construction on Treatment Plant Sites and Pipeline Construction

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60).

|   |  |
|---|--|
| If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022: | <ul style="list-style-type: none"><li>. Executive Order 14026 generally applies to the contract.</li><li>. The contractor must pay all covered workers at least \$16.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2023.</li></ul>  |
| If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the contract is not renewed or extended on or after January 30, 2022:         | <ul style="list-style-type: none"><li>. Executive Order 13658 generally applies to the contract.</li><li>. The contractor must pay all covered workers at least \$12.15 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on that contract in 2023.</li></ul> |

The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

0 01/06/2023  
1 05/05/2023

\* BOIL0627-004 01/01/2023

|                  | Rates    | Fringes |
|------------------|----------|---------|
| BOILERMAKER..... | \$ 36.49 | 32.42   |

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ELEC0570-013 12/01/2022

|                  | Rates    | Fringes  |
|------------------|----------|----------|
| ELECTRICIAN..... | \$ 30.38 | 18%+6.00 |

ZONE DEFINITIONS-

Zone A: the area within a thirty-nine (39) mile radius from a base point at the Tucson Town Hall.  
Zone B: 40 to 74 mile radius from the town hall in Tucson- an additional \$ 3.50 per hour  
Zone C: 75 mile radius from the town hall in Tucson to the outer limits of the geographic jurisdiction- an additional \$ 7.50 per hour

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IRON0075-005 08/01/2022

|                             | Rates    | Fringes |
|-----------------------------|----------|---------|
| IRONWORKER, STRUCTURAL..... | \$ 28.50 | 18.16   |

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LAB01184-011 06/01/2021

|                                       | Rates    | Fringes |
|---------------------------------------|----------|---------|
| LABORER<br>GROUP 4<br>Jackhammer..... | \$ 25.40 | 6.27    |

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\* SUAZ2012-026 05/17/2012

|  | Rates       | Fringes |
|--|-------------|---------|
| LABORER: Common or General.....              | \$ 15.65 ** | 0.00    |
| LABORER: Pipelayer.....                      | \$ 20.00    | 0.00    |
| OPERATOR: Loader (Front End)....             | \$ 20.23    | 6.31    |
| OPERATOR:<br>Backhoe/Excavator/Trackhoe..... | \$ 22.70    | 0.00    |
| TRUCKDRIVER.....                             | \$ 21.00    | 0.00    |

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WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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\*\* Workers in this classification may be entitled to a higher minimum wage under Executive Order 14026 (\$16.20) or 13658 (\$12.15). Please see the Note at the top of the wage determination for more information.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

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The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

#### Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

#### Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all

rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

#### Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

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#### WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- \* an existing published wage determination
- \* a survey underlying a wage determination
- \* a Wage and Hour Division letter setting forth a position on a wage determination matter
- \* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator

(See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISIO"

## EXHIBIT D

### ALTERNATIVE MUD DISPOSAL SITE



**Figure 1:** Alternative location for drilling mud disposal (34°09'28.5"N 114°15'05.8"W, south of the CRIT Utilities Transfer Site)

**EXHIBIT E**

**CRIT UTILITIES WATER FEES**

**SCHEDULE OF FEES FOR C.R.I.T. UTILITIES  
EFFECTIVE JUNE 1, 2010**

**WATER**

**USAGE RATES: MONTHLY**

|                                  |                          |
|----------------------------------|--------------------------|
| Single Family Residential meters | \$4.00 per 1,000 gallons |
| Monthly meter replacement fees   | \$1.25                   |
| Administrative fee               | \$6.00                   |
| Commercial meters                | \$75.00 base rate        |

**DEVELOPMENT FEES FOR NEW CONSTRUCTION**

| METER SIZE | TOTAL      | METER SIZE | TOTAL        |
|------------|------------|------------|--------------|
| 5/8"       | \$1,170.00 | 3"         | \$18,500.00  |
| 3/4"       | \$1,740.00 | 4"         | \$29,000.00  |
| 1"         | \$2,750.00 | 6"         | \$58,032.00  |
| 2"         | \$8,900.00 | 8"         | \$90,500.00  |
|            |            | 10"        | \$130,000.00 |

**NEW TAP CONSTRUCTION FEES**

| METER SIZE | LABOR/MATERIALS | DEVEL. FEE | TOTAL       |
|------------|-----------------|------------|-------------|
| 5/8-3/4"   | \$950.00        | \$1,170.00 | \$2,120.00  |
| 1"         | \$1,000.00      | \$2,750.00 | \$3,750.00  |
| 2"         | \$1,550.00      | \$8,900.00 | \$10,450.00 |

**DROP IN METER (where meter setter & box are already present)**

| METER SIZE | LABOR/MATERIALS | DEVEL. FEE | TOTAL      |
|------------|-----------------|------------|------------|
| 5/8-3/4"   | \$115.00        | \$1,170.00 | \$1,285.00 |
| 1"         | \$360.00        | \$2,750.00 | \$3,110.00 |
| 2"         | \$500.00        | \$8,900.00 | \$9,400.00 |

**END OF ADDENDUM #2**